

APPLICATION FOR CONDITIONAL USE CERTIFICATE

Parcel # _____ No. _____
Name and Address of Applicant: _____
Note: Applicant must _____
Be owner or equitable _____
Owner of property _____
Telephone _____

Property Location: _____
Zoning District: _____
Use Requested: _____

Office Use Only

1. Legal descriptions ☐
2. Map of property and applicable information ☐
3. Site design including buildings, parking plan, entrance and exit ☐
4. Existing subdivision Yes ☐ No ☐ Ref. ☐

Date of Filing: _____ Fee Paid: _____

Date of Planning Commission Review: _____

Action Taken: _____

Date of Board of Supervisors Review: _____

_____ Action Taken: _____

Certificate is ☐ Approved ☐ Disapproved

Date: _____ Planning & Zoning Officer: _____

I/We the undersigned do hereby accept the approval of this Certificate subject to the conditions of Article 1193 of the Lower Paxton Township Codified Ordinances, and such other conditions as were stipulated in the approval letter received from the Board of Supervisors.

I/We understand that failure to comply with all ordinances and special conditions of approval will result in the immediate suspension of this certificate by the Township and may result in additional penalties as provided for by law.

Date: _____ Applicant: _____
